

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐Check if different
than previously
reported. (ACC)

Indianapolis

IN

46268

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00170258

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☒July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

20

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gregg Dykstra

Signature of Treasurer

Electronically Filed by Gregg Dykstra

Date

07

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 56

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M
0	5

D	D
2	0

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	100241.13
(b) Cash on Hand at Beginning of Reporting Period	151849.33	
(c) Total Receipts (from Line 19)	21126.06	161789.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	172975.39	262031.12
7. Total Disbursements (from Line 31)	70328.93	159384.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	102646.46	102646.46
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 56

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	2	0	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14659.57	95727.06
(ii) Unitemized	5932.49	43965.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20592.06	139692.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	500.00	17000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21092.06	156692.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	34.00	97.39
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21126.06	161789.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21126.06	161789.99

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	328.93	784.66	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	328.93	784.66	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	158000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	100.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	500.00	500.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	500.00	600.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	70328.93	159384.66	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70328.93	159384.66	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	21092.06	156692.60
34. Total Contribution Refunds (from Line 28(d))	500.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20592.06	156092.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	328.93	784.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	328.93	784.66

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

VP of Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Transaction ID: C9DA7B759A9E3BDA038

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

VP of Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	0

Transaction ID: CC0321CA8CFFE3F89BB

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

VP of Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Transaction ID: 4BBC265A8AD958AC10B

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Transaction ID: EF179D82EC427F973C6

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: 6BBCC8D2C524EFAC57B

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: 97A9EC4A5A465D4B1DC

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: F8D1D9610306FC611DC

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: BD9A8F26C6818584EE0

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance
Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	0

Transaction ID: AA071B0E8A36594B709

Amount of Each Receipt this Period

115.39

SUBTOTAL of Receipts This Page (optional)

155.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: AFD131272C84A31EFC3

Amount of Each Receipt this Period

115.39

B.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: 2ED3BC8329EF0177C48

Amount of Each Receipt this Period

115.39

C.

Full Name (Last, First, Middle Initial)

Stuart R. Birn

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation

First Vice President, Secretary & General

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: 532732654516016D305

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

290.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Stuart R. Birn

Mailing Address PO Box 30660

City
LansingState
MIZip Code
48909-8160FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

First Vice President, Secretary & Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: CB4255A610A76EAF28B

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Bob I. Buchanan

Mailing Address 6101 Anacapri Boulevard

City
LansingState
MIZip Code
48917-3968FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Applications Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: D6DEEC01A64723C4B5D

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

John A. Bykowski

Mailing Address PO Box 819

City
AppletonState
WIZip Code
54912-0819FEC ID number of contributing
federal political committee.

C

Name of Employer
SECURA Insurance, A Mutual
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Transaction ID: 42C1B562BFD0C9A42A6

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	0

Transaction ID: ECD3940781656F07BE5

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 5F55B7E38338DD37A44

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: 6543712C1226D5652FC

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Linda Church

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Director

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: 691525F2D075C924581

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Darwin G. Copeman, CPCU

Mailing Address PO Box 468

City

Neenah

State

WI

Zip Code

54957-0468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewelers Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
President & CEO

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 0

Transaction ID: 97F3754DA5E5C9923AE

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Darwin G. Copeman, CPCU

Mailing Address PO Box 468

City

Neenah

State

WI

Zip Code

54957-0468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewelers Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
President & CEO

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: C40FA65A89A1B7631BA

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Tom Danielson

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: C15995EAEC9C7F516BC

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Rebekah L. Deters

Mailing Address PO Box 207

City

Teutopolis

State

IL

Zip Code

62467-0207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home Farmers Mutual Fire
Insurance Com

Occupation
Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 1 0

Transaction ID: CF79C9953702992F957

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, PhD

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Transaction ID: 100C845870F3E262426

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

545.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, PhD

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.**C**Name of Employer
National Association of
Mutual Insurance

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 37E07560D0A0B95EF13

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, PhD

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.**C**Name of Employer
National Association of
Mutual Insurance

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: 75F2900101FFC429CBA

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Charles W. Drier

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.**C**Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	1	0

Transaction ID: 428FC25B7FCEB6D8997

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles W. Drier

Mailing Address PO Box 30660

City
LansingState
MIZip Code
48909-8160FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
panyOccupation
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

Transaction ID: 4D60F6A835660F72533

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address Box 68700

City
IndianapolisState
INZip Code
46268-0700FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual InsuranOccupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Transaction ID: 5477FA283F3CFE85EA2

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address Box 68700

City
IndianapolisState
INZip Code
46268-0700FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual InsuranOccupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: 77C03DF8BD08C6202A6

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: 569AB7093807F437FD8

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	0

Transaction ID: C6E0A5F3AC008C3808E

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	0

Transaction ID: E6B79DDF1B899F0CE5A

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

117.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: EF4556BDF97CF6FD678

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Paul Ehler

Mailing Address PO Box 645

City

Brenham

State

TX

Zip Code

77834-0645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Germania Farm Mutual Insurance Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: F72896275CC89DE0AD4

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David B. Emerson

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: AD740D863ABD694924D

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1038.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Andrew M. Eriksen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager-Project Research & Coordinatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: C9995081F3449F5DC41

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Andrew M. Eriksen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager-Project Research & Coordinatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: DF8A75D3151D19981C1

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Nancy Forsyth

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: C07A00530AD3DE7614C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 0

Transaction ID: 3420ED4671F852DE5EA

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 878B252D15E941C5B77

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: CC1E788880AE9710325

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

F. Timothy Hegarty, Jr., CPCU

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1279.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: 10BE6E3D297240C6BCE

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1077.02

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 0

Transaction ID: F1C312758C12E79185B

Amount of Each Receipt this Period

76.93

C.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1077.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 2B60FFC0B80A1781DF0

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional)

193.86

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1077.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	0

Transaction ID: EAE1FD69585DB005BB2

Amount of Each Receipt this Period

76.93

B.

Full Name (Last, First, Middle Initial)

Timothy Hyle

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance Company

Occupation

Corporate Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	0

Transaction ID: 98B2729FA2E75AFF9B7

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Leroy Kohlmeyer

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

Transaction ID: 2A40783F51181A5BB3B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

366.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jo Ann M. Kuschel, PFMM

Mailing Address 545 Harold Meyer Drive

City

New Haven

State

MO

Zip Code

63068-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boeuf & Berger Mutual Ins-
urance Compan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Secretary/Treasurer/ Manager

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: 0FD4D3553B9F78A6C71

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John F. Marazzo

Mailing Address One Commerce Square
2005 Market Street

City

Philadelphia

State

PA

Zip Code

19103-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director of Accounting

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: 8BD7E7DDA9F95735A41

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Diane Marshall

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Manager

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: DBDBB168E47FB6DDF0D

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Diane Marshall

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: 6B99FBAB8C5B259DC87

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code
48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation
Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 0

Transaction ID: 1A2CEEEFBC191067BA5

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code
48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation
Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 273A6C89B83A6B58827

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

126.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: FEC6028EBA90EAA0B4F

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 0

Transaction ID: 22D2AC986B21A64A2BE

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 96A9E23494BCA371269

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: A22611F2268C89A1205

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insurance

Occupation

Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 0

Transaction ID: 2FCA8D7309E104E8F22

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insurance

Occupation

Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: F0594FE9546E4EB92BF

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

78.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 0

Transaction ID: 18854A95A1C5330316B

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 7049DD641FD206AEDDE

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Katherine Noirot

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: 1B22A1AC6585B2184C2

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Sandra G. Parrillo

Mailing Address 3 Robin Way

City

North Smithfield

State

RI

Zip Code

02896

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Mutual Fire In-
surance Compa

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: E37CAEA5-66A1-4C32-

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

David Reddick, PhD

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: C8F24D780216611B147

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David Reddick, PhD

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: 80CEAB2F3C79C2CBF6E

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

2540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gerald L. Roach, CPCU, FLMI

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 0

Transaction ID: B153871A2F6097E98CA

Amount of Each Receipt this Period

230.00

B.

Full Name (Last, First, Middle Initial)

Rodney J. Rupp

Mailing Address 6101 Anacapi Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: DF2E2BA822AB0D951CF

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Rodney J. Rupp

Mailing Address 6101 Anacapi Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: E434633828CDED9A281

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Timothy B. Salge

Mailing Address 309 East San Antonio Street

City

New Braunfels

State

TX

Zip Code

78130-4537

FEC ID number of contributing
federal political committee.**C**Name of Employer
Farmers Mutual Fire Insur-
ance Associat

Occupation

President/General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Transaction ID: E344B7FBFB1B76336EF

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Schroeder

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.**C**Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

Transaction ID: 4B917BDDDFE72B5BB94

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Richard Schumacher, PFMM

Mailing Address PO Box 168

City

Hartley

State

IA

Zip Code

51346-0168

FEC ID number of contributing
federal political committee.**C**Name of Employer
Century Mutual Insurance
Association

Occupation

President/Treasurer/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	0

Transaction ID: 097C3E43CAEFA530D55

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 0

Transaction ID: B2975F526CBC6A69809

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 5D18FE4E40CEFCA65CB

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Geoffrey Smith

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 0

Transaction ID: 76A996D01C696F41183

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John K. Smith, CRM, CIC,

Mailing Address One Commerce Square
2005 Market StreetCity State Zip Code
Philadelphia PA 19103-7008FEC ID number of contributing
federal political committee.**C**Name of Employer
Pennsylvania Lumbermens
Mutual InsuranOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	0

Transaction ID: E098411D7B19DB6FD2B

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Paul O. Stillman

Mailing Address One Preferred Way

City State Zip Code
New Berlin NY 13411-1800FEC ID number of contributing
federal political committee.**C**Name of Employer
Preferred Mutual Insurance
CompanyOccupation
Vice Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: 56E51AEB9518BB3055F

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, RPLU

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700FEC ID number of contributing
federal political committee.**C**Name of Employer
NAMIC Insurance Company,
Inc.Occupation
Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 6DFF3CDCBB90D9F6C9F

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, RPLU

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: CFC310A6262C40FD398

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Tagsold

Mailing Address PO Box 100045

City

Duluth

State

GA

Zip Code

30096-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Actuarial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: C200B17C703D98DE26D

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Tagsold

Mailing Address PO Box 100045

City

Duluth

State

GA

Zip Code

30096-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Actuarial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: 1909710CEAA3EF2BC92

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.**C**Name of Employer
National Association of
Mutual Insurance

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: FDE631DE01515650032

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.**C**Name of Employer
National Association of
Mutual Insurance

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: 51975786BF612D74564

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Daniel J. Thelen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.**C**Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

SVP of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Transaction ID: 54F9F1FF0B56F4CFED7

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 0

Transaction ID: 2A03D551DC4B0D9AC1D

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: AAC4DE424E1CF1C4A3D

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bruce D. Thomas, PFMM

Mailing Address 409 Kenyon Road

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Transaction ID: 37210696742BB192C21

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bruce D. Thomas, PFMM

Mailing Address 409 Kenyon Road

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 13991BBE9A1F05ED990

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance
Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 0

Transaction ID: CCC18D9F7AD8BB6ABC4

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance
Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: E41BF387503A5CED985

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

178.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: BB6037D89F95E74A1EF

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Robert A. Wadsworth, CIC, CPCU

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance Company

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 0

Transaction ID: D285724DDD6090E1915

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

James J. Walsh, Jr.

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: A0669CAC7F3AC9B37D9

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

1079.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Ian R. Ward

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Investments and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: E80D7F77F3C9239FEB1

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Terry H. Wendorff, CPCU

Mailing Address PO Box 7988

City

Madison

State

WI

Zip Code

53707-7988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wisconsin Reinsurance Cor-
poration

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: 05CA8A67D58FA1BEAB9

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mark Wenger

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: 8F886A3385C65586CA6

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

582.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mark Wenger

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: 1AD79DC1F45ADF4213F

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

James W. Wilds, CPCU, ARM,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 0

Transaction ID: 4CE10846B9AC0ED57A9

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

James W. Wilds, CPCU, ARM,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 1C61FCB5CC613BF1211

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James W. Wilds, CPCU, ARM,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	0

Transaction ID: 7B115CD1C20EC1A3AED

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

14659.57

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 56

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Germania Farm Mutual Political Action Committee

Mailing Address P.O. Box 645

City

Brenham

State

TX

Zip Code

77834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Transaction ID: E3FDB494DB30F1CFCE5

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 56

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B8E9123E8E8BD9A081E

Date of Disbursement

05 / 31 / 2010

Amount of Each Disbursement this Period

124.51

B.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Check stock

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 421F30592BDD2CC50E

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

109.82

C.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: CCF455891E0AD567975

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

94.60

SUBTOTAL of Disbursements This Page (optional)

328.93

TOTAL This Period (last page this line number only)

328.93

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Association of Mutual Insurance Companies PAC

06 / 23 / 2010

2000.00

06 / 15 / 2010

1000.00

2000.00

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Bachmann for Congress	Transaction ID: F97856007B891FC9554 Date of Disbursement																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Bill Shuster for Congress	Transaction ID: F82D58D7DCAB55609C0 Date of Disbursement																				
Mailing Address PO Box 27	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City Hollidaysburg State PA Zip Code 16648	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name William F. Shuster	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Brian Rooney for Congress	Transaction ID: 36E912D2BBAAC8B9D23 Date of Disbursement																				
Mailing Address 1737 Spring Arbor Rd #230	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	0												
City Jackson State MI Zip Code 49203	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Brian John Rooney	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: CAA90074C3771C1FFBE Date of Disbursement																				
Mailing Address PO Box 133	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Michael N. Castle	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: DE District: <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md for Congress, Inc.	Transaction ID: 15352D94ED9E63D7E84 Date of Disbursement																				
Mailing Address PO Box 80126	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Charles W. Boustany, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: LA District: 07 <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Chris Lee for Congress	Transaction ID: 1E41E123BCE8A0CB55E Date of Disbursement																				
Mailing Address PO Box 15395	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City Rochester State NY Zip Code 14615	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Christopher John Lee	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NY District: 26 <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, the	Transaction ID: E5B973FBC0F67232E1B Date of Disbursement
Mailing Address PO Box 1444	<div> <div>06</div> <div>23</div> <div>2010</div> </div>
City Ennis State TX Zip Code 75120	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Candidate Name Joe L. Barton	<div>2500.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Crenshaw for Congress Campaign	Transaction ID: 51504C62E21888796CE Date of Disbursement
Mailing Address 4963 Beach Boulevard Suite 1	<div> <div>06</div> <div>23</div> <div>2010</div> </div>
City Jacksonville State FL Zip Code 32207	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Ander Crenshaw	<div>2000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Dan Coats for Indiana	Transaction ID: 2585A334E4B34F696C1 Date of Disbursement
Mailing Address PO Box 301141	<div> <div>06</div> <div>15</div> <div>2010</div> </div>
City Indianapolis State IN Zip Code 46230	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Candidate Name Daniel R. Coats	<div>2500.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
SUBTOTAL of Disbursements This Page (optional)	<div>7000.00</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Dan Coats for Indiana

Mailing Address PO Box 301141

City
Indianapolis

State
IN

Zip Code
46230

Purpose of Disbursement
2010 General

Candidate Name
Daniel R. Coats

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District:

Transaction ID: E2EAC545B15D1AEF188

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Dreier for Congress Committee

Mailing Address PO Box 505

City
Upland

State
CA

Zip Code
91785

Purpose of Disbursement
2010 General

Candidate Name
David T. Dreier

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 26

Transaction ID: 6F812F81243596FE321

Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Duffy for Congress

Mailing Address PO Box 186

City
Ashland

State
WI

Zip Code
54806

Purpose of Disbursement
2010 Primary

Candidate Name
Sean P. Duffy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 07

Transaction ID: 9AC04D99A6CAA796009

Date of Disbursement

06 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Duncan for Congress	Transaction ID: 31CC6F90793C00D6313 Date of Disbursement																				
Mailing Address PO Box 2646	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City Knoxville State TN Zip Code 37901	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name John J. Duncan, Jr.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress	Transaction ID: 35CF66FF80B30415736 Date of Disbursement																				
Mailing Address Post Office Box 9336	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	1	0												
City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Earl Pomeroy	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress	Transaction ID: 3A4614A581324985609 Date of Disbursement																				
Mailing Address Post Office Box 9336	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	1	0												
City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Earl Pomeroy	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Freedom Project; the	Transaction ID: AD02475A1E6834B4287 Date of Disbursement																				
Mailing Address 631-B Pennsylvania Ave., SE Basement Unit	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Freedom Project; the	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																					
B. Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller	Transaction ID: 01FFE0EAE560B9081AA Date of Disbursement																				
Mailing Address PO Box 1909	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City Charleston State WV Zip Code 25327	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2014 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name John D. Rockefeller, IV	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District:																					
C. Full Name (Last, First, Middle Initial) Friends of Jeb Hensarling	Transaction ID: 5A0C78E9BC96163D2CB Date of Disbursement																				
Mailing Address PO Box 820504	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Thomas Jeb Hensarling	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 05																					

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Friends of John Thune	Transaction ID: 8D7FE7C53CAC34D053B Date of Disbursement																				
Mailing Address 200 North Phillips Avenue Ste L101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
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0	6		1	5		2	0	1	0												
City State Zip Code Sioux Falls SD 57104	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name John R. Thune	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends of Max Baucus	Transaction ID: AD2E1963C6287278139 Date of Disbursement																				
Mailing Address PO Box 586	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City State Zip Code Helena MT 59624	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2014 Primary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Max S. Baucus	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Friends of Max Baucus	Transaction ID: F1F4C3F7F8638BD5A50 Date of Disbursement																				
Mailing Address PO Box 586	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	0												
City State Zip Code Helena MT 59624	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2014 Primary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Max S. Baucus	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
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6500.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Hoosiers for Hill	Transaction ID: 109E1784F4DCBF6D8F2 Date of Disbursement																				
Mailing Address PO Box 1071	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Baron P. Hill	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) John Campbell for Congress	Transaction ID: AEA05194F34DA0BF5C8 Date of Disbursement																				
Mailing Address 4590 Macarthur Boulevard Suite 500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City Newport Beach State CA Zip Code 92660	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name John B. T. Campbell, III	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kenny Marchant for Congress	Transaction ID: C8016529AF13029C806 Date of Disbursement																				
Mailing Address PO Box 110187	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City Carrollton State TX Zip Code 75011	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Kenny Marchant	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>6000.00</td> </tr> </table>	6000.00																			
6000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress	Transaction ID: 904AB9F8EEF6E03077B Date of Disbursement																				
Mailing Address PO Box 12667	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	0												
City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Kevin McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Lance for Congress	Transaction ID: 6D9B261ED2F26B2313B Date of Disbursement																				
Mailing Address PO Box 225	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City Colonia State NJ Zip Code 07067	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Leonard Lance Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Linder for Congress	Transaction ID: 60F25FDF20C0EB00D3A Date of Disbursement																				
Mailing Address PO Box 4026	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City Duluth State GA Zip Code 30096	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name John Linder Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Category/Type 011																					

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Lucas for Congress

Mailing Address Post Office Box 1726
Post Office Box 1726

City Oklahoma City State OK Zip Code 73101

Purpose of Disbursement
2010 PrimaryCandidate Name
Frank D. Lucas011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 03

Transaction ID: 85F7321ABEE7E05EAF1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

McHenry for Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement
2010 GeneralCandidate Name
Patrick Timothy McHenry011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 10

Transaction ID: 638BD9DFD89D0CD7BEF

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Neugebauer Congressional Committee

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement
2010 GeneralCandidate Name
Randy Neugebauer011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 19

Transaction ID: 03C18A1DF6B696E9268

Date of Disbursement

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Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial)
Olson for Congress Committee

Mailing Address PO Box 16381

City State Zip Code
Sugar Land TX 77496

Purpose of Disbursement
2010 General

Candidate Name
Pete Olson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 22

Transaction ID: 87037159B715BF6503F

Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Scalise for Congress

Mailing Address PO Box 23219
Suite 301

City State Zip Code
Jefferson LA 70183

Purpose of Disbursement
2010 Primary

Candidate Name
Stephen J. Scalise

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 01

Transaction ID: BC3EF9DECf0A2003529

Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Shelley Moore Capito for Congress

Mailing Address PO Box 11519

City State Zip Code
Charleston WV 25339

Purpose of Disbursement
2010 General

Candidate Name
Shelley Moore Capito

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: 3A80001A688E0046569

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin for South Dakota	Transaction ID: 01414916801428D4B68 Date of Disbursement																				
Mailing Address PO Box 2009	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City State Zip Code Sioux Falls SD 57101	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Stephanie M. Herseth Sandlin	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Texans for Lamar Smith	Transaction ID: 604583D23172014909A Date of Disbursement																				
Mailing Address PO Box 6155	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City State Zip Code San Antonio TX 78209	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Lamar Smith	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee	Transaction ID: 3F84484E0D6AA552F86 Date of Disbursement																				
Mailing Address PO Box 1007	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City State Zip Code Willows CA 95988	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Walter Herger, Jr.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

69500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Germania Farm Mutual Political Action Committee

Mailing Address P.O. Box 645

City
Brenham

State
TX

Zip Code
77834

Purpose of Disbursement
2010 Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 6D94E0C566B4EC51ACA

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00